PERS-95 Medical Retention Review Program Overview

HMC(SW) Christine Moore

April 2011

Navy Personnel Command
Millington, Tennessee

Medical Retention Review (MRR)

- Purpose of a MRR
  - A MRR is used when a NOSC MDR discovers a member has a potentially disqualifying medical condition.
- The MDR recommends to the NOSC CO if the member should be allowed to continue to drill while in a MRR status, final determination is made by the NOSC Commanding Officer.

Medical Retention Review (MRR)

- BUMED evaluates reservists for medical retention
- BUMED review is based on medical conditions that:
  - Prevent the member from safely and effectively fulfilling responsibilities of their rank or rating
  - Interfere with mobilization

Remember to Use Temporary NPQ (TNPQ)

- BUPERSINST1001.39F
- Navy Reservists not in a duty status who are injured or develop a potential physically disqualifying condition are categorized as Temporarily Not Physically Qualified (TNPQ) or Physically Disqualified.
  - Example-member has a broken arm that will heal in less than 6 months does not require a MRR

When to Do MRR? Annual PHA

- NOSC MDRs review annual PHAs
  - Look for new and changed conditions
  - Do any
    - Affect ability to perform duties safely or effectively?
    - Interfere with mobilization?
- If yes, submit MRR per MANMED Ch 15

NOSC MDRs: When to Do MRR

- Released from MEDHOLD
- Found FIT by Physical Evaluation Board
- Does the condition
  - Affect ability to perform safely/effectively?
  - Interfere with mobilization?
- If yes, submit MRR per MANMED Ch 15
- Open MRR in MRRS!!!!!!

Caution!

- If SNM medically descreened at NMPS:
  - Check reason for descreen first!
  - TNPQ as appropriate
  - May not need MRR if:
    - » PRC classification already done and up to date
    - » Condition is temporary
    - » Condition will not impact ability to perform or mobilize once resolved

What to Submit

Give the list as written in MANMED Ch 15

Make it into a checklist for NOSC MDRs to follow

Commonly missing items:

- All available information about the condition (doctor visits, outpatient medical records, diagnostic test results)
- Recent evaluation or checkup for chronic condition (Type 2 diabetic without labs or HgA1C)
- Last 3 years PHAs AND DD Form 2766

Items we do not need: Immunization records

ANNUAL RESUBMISSION

- Communicate the need for additional information to SNM immediately
- Give the SNM all the details of requested items
- Submit within time frame outlined

Who makes PRC?

- PRC recommendations are made by BUMED (M91).

- Final PRC determination is made by PERS-95.

Submission Process

- **NOSC submits MRR package to the RCC**
- **The RCC then uploads the package to BUMED via WEBWAVE**
  - **A designation MUST be made in the branch section (i.e. RCC Midwest, NAVY RES) in order for it to be reviewed by PERS-952**
- **Once the BUMED recommendation is made, PERS-952 will review and put out determination by message traffic**

MRR Risk Classifications

"A"

- PQ for retention
- Minor physical defect or condition
- Examples – Hypertension / Hyperlipidemia controlled with meds over an extended period of time.
- *If condition is well controlled, stable, and would not result in a medical descreening for mobilization per current operational screening guidance, probably does NOT need MRR)*

MRR Risk Classifications, cont…

"B"

- PQ for retention
- Condition or defect that could potentially restrict mobilization
- Needs PERS 952 waiver approval to take OCONUS orders or orders greater than 30 days (OCONUS or INCONUS)
- Most MRR recommendations fall into this category
  - "history of . . ." a past resolved condition, not current
  - recently addressed, well-controlled and stable condition

Conditions Likely Classified PRC "B"

- Chronic diseases w/potential for decompensation even if rare
  - Type 2 diabetes
  - History of coronary artery disease, currently asymptomatic
- Most conditions listed in TAB A to CENTCOM Mod 10
- Current or prior chronic conditions
- Current mental health care
- Prior significant injuries with or without orthopedic surgery
  - Internal knee derangement (ACL, etc.) with or w/o surgical repair
  - Shoulder instability (SLAP tear, rotator cuff tear, frozen shoulder, etc., with or w/o surgical repair)

MRR Risk Classifications, cont…

"C"

- Very seldom used
- NPQ for retention
- Has unique skill that supports Navy mission
- Used for IRR personnel that have deployment limitations

MRR Risk Classifications, cont…

"4"

- Temporary classification (less than 1 year)
- NPQ for retention
- Assigned in order to get more info or for condition to stabilize
- May be assigned to those found Unsuitable for mob at NMPS

MRR Risk Classifications, cont…

“5”

- NPQ for retention and mobilization

MRR Risk Classifications, cont…

- **Options if found Risk Class “5”**
  - Request review by PEB
  - May request early retirement if they are a SELRES and have 15-20 qualifying years (VTU/IRR not eligible)
  - May request Reserve retirement if has 20 or more qualifying years
  - May accept administrative discharge

CANNOT transfer to the IRR

HIV

- ICD 9 codes 042 and 079.52
- Assigned PRC B
- NO message generated; letter instead
- CAN NOT go OCONUS PERIOD
- Can not go on orders greater then 30 days INCONUS without MOB orders

Waivers

- A waiver is required if found PRC B in order to:
  - Mobilize
  - OCONUS on AT, ADT, or ADSW
  - INCONUS greater than 30 days
- Waiver should be submitted via RCC to PERS-952 at least 30 days prior to execution of orders

REFERENCES

- MILPERSMAN 6110-020
- MILPERSMAN 1910-168
- Manual of the Medical Department Chapter 15
- BUPERSINST 1001.39F
- SECNAVINST 5300.30D

Contact Info

PERS-9_MRR@NAVY.MIL

901.874.4238

901.874.4245